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Foreign Priority claimed	<input type="checkbox"/> yes	<input type="checkbox"/> no	
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> Met after Allowance
Verified and Acknowledged	Examiner's Signature		Initials

STATE OR
COUNTRY
SWITZERLAND

**SHEETS
DRAWING
1**

**TOTAL
CLAIMS**
19

**INDEPENDENT
CLAIMS**
4

877

DEVICE AND METHOD FOR UPDATING CODE

**FILING FEE
RECEIVED
1090**

FEES: Authority has been given in Paper
No. _____ to charge/credit DEPOSIT ACCOUNT
No. _____ for following:


All Fees

1.16 Fees (Filing)

☐ 1.17 Fees (Processing Ext. of time)

1.18 Fees (Issue)

☐ Other

 Credit